

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13022

State File No. ....

FILED APR 15 1953

BIRTH NO. .... REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LICKING, MO.</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON Twp</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIER REST HOME</u>			d. STREET ADDRESS (If rural, give location) <u>1070</u>		

3. NAME OF DECEASED (Type or Print) <u>AMANDA LOUISE THOMAS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 7-1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOV. 9, 1886</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>ALTON, ILL.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>JAS. JOHNSON</u>		13b. MOTHER'S MAIDEN NAME <u>PEARL DAILY</u>		14. NAME OF HUSBAND OR WIFE <u>ROBERT THOMAS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herman Thomas, Mt. Hope</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>non</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 1952, to Apr 7, 1953, that I last saw the deceased alive on Apr 7, 1953 and that death occurred at 3:30 P. m. from the causes and on the date stated above.

23a. SIGNATURE <u>Lulu Randall</u> (Degree or title)		23b. ADDRESS <u>Licking Mo.</u>		23c. DATE SIGNED <u>4-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/11/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HILL</u>	
24d. LOCATION (City, town, or county) <u>WRIGHT CO. MO.</u>		24e. DATE REC'D BY LOCAL REG. <u>Apr 10, 1953</u>		24f. REGISTRAR'S SIGNATURE <u>Elvora</u>	
24g. FUNERAL DIRECTOR'S SIGNATURE <u>Nesie &amp; James L. Cnty</u>		24h. ADDRESS <u>Calool</u>		24i. (Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1070  
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No. ....

Licensed Embalmer No. 3945

P. O. Address Locking Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.